

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				1		
4				1		
5		2		2		
6	1		1			
7				1		
8				1		
9				1		
10		2		2		
11	1		1			
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24		2		2		
25	1		1	0		
26				1		
27				1		
28				1		
29		2		2		
30	1		1			
31				1		
32				1		
33				1		
34		2		2		
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45						
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	34		34			
TOTAL CLAIMS	39		39			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS